



Calendar Year: \_\_\_\_\_

State of Tennessee  
**Department of Commerce and Insurance**  
Financial Affairs Section / Analytical Unit 0576  
500 James Robertson Parkway, 4th Floor  
Nashville, TN 37243  
(615) 741-1670

**ACCREDITED REINSURER RETALIATORY FEE COMPUTATION**

Company Name \_\_\_\_\_

NAIC Co. Code: \_\_\_\_\_

Tennessee Column A		State of Incorporation Column B	
Fees Payable to Tennessee		Fees which a TN Company, with identical Premium or other Income, would have paid to your State	
Filing Annual Statement	\$ 515.00 (880/554)	\$	
Certificate of Authority Renewal (Company)	\$ XXXXXX	\$	
Fraud Fee	\$ XXXXXX	\$	
Other Department Licenses and Fees (Itemize Below)			
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
<b>TOTAL:</b>	<b>\$</b>	<b>TOTAL:</b>	<b>\$</b>

Amount to remit is the larger total in either the Tennessee Column A or the State of Incorporation Column B  
(Minimum due is the \$515.00 Annual Statement Filing Fee)

**Remit sworn form and payment to:**

**Tennessee Department of Commerce & Insurance**  
**P.O. Box 198983**  
**Nashville, TN 37219-8983**

Contact Person \_\_\_\_\_  
Address (No. & Street) \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

State of _____	County of _____
I, _____, do hereby make oath that I am _____	
(Officer's Name)	(Official Title)
of the _____	
(Company Name)	
that the foregoing Retaliatory Fee Computation is true to the best of my knowledge, information, and belief.	
Notary Public _____	Signature of Officer _____
Subscribed and Sworn before me _____	
My commission expires _____	